



OFF-SITE RECORD RETRIEVAL REQUEST

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

DOCUMENT REQUESTED _____

DATE OF REQUEST

SIGNATURE

A \$20 fee to pull the file from storage is required at time of request.

Date Request Received _____

Date File Ordered _____

Date File Delivered _____

Date Document Picked Up _____